

February 25, 2015

Matthew Vorisek
3414 STONEY RIDGE RD
AVON, OH 44011-2210
(440)934-1555

Dear Mr. Vorisek,

Express Scripts is your pharmacy benefit manager (PBM). We work with your health plan to manage your prescription drug benefits. Attached is a list of prescriptions that were submitted on your behalf for payment. Please review the list of claims for accuracy, noting whether you did or did not receive each medication. If you received one of the medications but in a different quantity or dosage strength, you can add a note in the Comments section indicating the correction. Once you have completed the form, please return this letter and the attached form in the postage paid envelope within five business days.

In reviewing this list of prescription claims, we realize that it may be difficult to recall which prescriptions and quantities you received. Please respond as accurately as you can, and it is alright to let us know if you do not remember.

If you have any questions, please contact me via toll-free phone at 1-800-332-5455 ext. 345360 or e-mail at TJEich@express-scripts.com.

Your prompt response is greatly appreciated. On behalf of Express Scripts Inc., thank you for your assistance.

Sincerely,

Thomas Eich
Investigator
Express Scripts, Inc
Enclosure


GOVERNMENT
EXHIBIT
220
4:18-CR-368

GX220.001

DOJ_18CR368-0078173
DOJ_18CR368-0078173-1

1. Have you ever had a prescription filled at OMNI ONE MED PHARMACY?				yes		
PRESCRIPTION NUMBER	DATE OF FILL	DRUG NAME/ACTIVE INGREDIENT	AMOUNT COVERED BY INSURANCE	RECEIVED? YES or NO	CO-PAY PAID? YES or NO	CO-PAY AMOUNT, IF YES
301778	10/29/2014	COMPOUND	\$ 14,998.98	yes	CO-PAY MAX met	
301778	11/21/2014	COMPOUND	\$ 14,998.98	yes	"	"
301778	12/18/2014	COMPOUND	\$ 14,998.98	yes	"	"
2. How did you obtain the prescription(s)?				Circle One: <u>DAIHS</u> Mail <u>Hand-delivered</u> Picked up		
3. How did you find the pharmacy? (For example: doctor's office, friend, co-worker, family member, advertisement, etc.)				DOE		
4. Are you still receiving prescriptions/packages?				NO		
5. Did you ever talk to the pharmacy?				yes - ALLERGY QUESTIONS		
6. This(ese) claims were authorized by REDKO, VLADIMIR, MD. Have you ever received treatment from this prescriber?				yes		

(Please use the below area to provide any additional information about OMNI ONE MED PHARMACY)
COMMENTS:


MEMBER SIGNATURE
DATE 2/2/15
(Policy Holder)



February 25, 2015

Sharon Vorisek
3414 STONEY RIDGE RD
AVON, OH 44011-2210
(440)934-1555

Dear Ms. Vorisek,

Express Scripts is your pharmacy benefit manager (PBM). We work with your health plan to manage your prescription drug benefits. Attached is a list of prescriptions that were submitted on your behalf for payment. Please review the list of claims for accuracy, noting whether you did or did not receive each medication. If you received one of the medications but in a different quantity or dosage strength, you can add a note in the Comments section indicating the correction. Once you have completed the form, please return this letter and the attached form in the postage paid envelope within five business days.

In reviewing this list of prescription claims, we realize that it may be difficult to recall which prescriptions and quantities you received. Please respond as accurately as you can, and it is alright to let us know if you do not remember.

If you have any questions, please contact me via toll-free phone at 1-800-332-5455 ext. 345360 or e-mail at TJEich@express-scripts.com.

Your prompt response is greatly appreciated. On behalf of Express Scripts Inc., thank you for your assistance.

Sincerely,

Thomas Eich
Investigator
Express Scripts, Inc
Enclosure

1. Have you ever had a prescription filled at OMNI ONE MED PHARMACY?					yes		
PRESCRIPTION NUMBER	DATE OF FILL	DRUG NAME/ACTIVE INGREDIENT	AMOUNT COVERED BY INSURANCE	RECEIVED? YES or NO	CO-PAY PAID? YES or NO	CO-PAY AMOUNT, IF YES	
301791	10/29/2014	COMPOUND	\$ 14,998.98	yes	CO-PAY met		
301791	11/21/2014	COMPOUND	\$ 14,998.98	yes	1		
301791	12/18/2014	COMPOUND	\$ 14,998.98	yes			
2. How did you obtain the prescription(s)?							
Circle One: <u>MAIL</u> Hand-delivered Picked up DOC							
3. How did you find the pharmacy? (For example: doctor's office, friend, co-worker, family member, advertisement, etc.)							
NO							
4. Are you still receiving prescriptions/packages?							
yes - Allergy questions							
5. Did you ever talk to the pharmacy?							
yes							
6. This(ese) claims were authorized by REDKO, VLADIMIR, MD. Have you ever received treatment from this prescriber?							

(Please use the below area to provide any additional information about OMNI ONE MED PHARMACY)

COMMENTS:


MEMBER SIGNATURE

3/2/15
DATE

(Policy Holder)



February 25, 2015

Paul Vorisek & c/o Amy Vorisek
3414 STONEY RIDGE RD
AVON, OH 44011-2210
(440)934-1555

Dear Mr. Vorisek,

Express Scripts is your pharmacy benefit manager (PBM). We work with your health plan to manage your prescription drug benefits. Attached is a list of prescriptions that were submitted on behalf of Amy Vorisek and yourself for payment. Please review the list of claims for accuracy, noting whether you did or did not receive each medication. If you received one of the medications but in a different quantity or dosage strength, you can add a note in the Comments section indicating the correction. Once you have completed the form, please return this letter and the attached form in the postage paid envelope within five business days.

In reviewing this list of prescription claims, we realize that it may be difficult to recall which prescriptions and quantities you received. Please respond as accurately as you can, and it is alright to let us know if you do not remember.

If you have any questions, please contact me via toll-free phone at 1-800-332-5455 ext. 345360 or e-mail at TJEich@express-scripts.com.

Your prompt response is greatly appreciated. On behalf of Express Scripts Inc., thank you for your assistance.


Sincerely,

Thomas Eich
Investigator
Express Scripts, Inc
Enclosure

1. Have you ever had a prescription filled at OMNI ONE MED PHARMACY?					Yes		
PRESCRIPTION NUMBER	DATE OF FILL	DRUG NAME/ACTIVE INGREDIENT	AMOUNT COVERED BY INSURANCE	RECEIVED? YES or NO	CO-PAY PAID? YES or NO	CO-PAY AMOUNT, IF YES	
301784	10/29/2014	COMPOUND	\$ 14,998.98	Yes	CO-PAY	MAXIMUM AMOUNT	
301784	11/21/2014	COMPOUND	\$ 14,998.98	Yes			
301784	12/18/2014	COMPOUND	\$ 14,998.98	Yes			
301786	10/29/2014	COMPOUND	\$ 14,998.98	Yes			
301786	11/21/2014	COMPOUND	\$ 14,998.98	Yes			
301786	12/18/2014	COMPOUND	\$ 14,998.98	Yes			
2. How did you obtain the prescription(s)?							
Circle One:			MAILAS				
			<input checked="" type="radio"/> Mail <input type="radio"/> Hand-delivered <input type="radio"/> Picked up				
3. How did you find the pharmacy? (For example: doctor's office, friend, co-worker, family member, advertisement, etc.)							
DOC							
4. Are you still receiving prescriptions/packages?							
NO							

5. Did you ever talk to the pharmacy?	Yes - Allergy Questions
6. This(ese) claims were authorized by REDKO, VLADIMIR, MD. Have you ever received treatment from this prescriber?	Yes

(Please use the below area to provide any additional information about OMNI ONE MED PHARMACY)
COMMENTS:

 3/2/15
MEMBER SIGNATURE DATE
(Policy Holder)